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perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/617,038 Filing Date TRANSMITTAL July 11, 2003 First Named Inventor **FORM** Andersen et al Art Unit 1645 **Examiner Name** Swartz, Rodney P. (to be used for all correspondence after initial filing) Attorney Docket Number SSI5AUSA Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** 3-Documents CD, Number of CD(s) _ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Customer No. 00270 Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 Express Mail No. EQ 443940125US SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name HOWSON AND HOWSON Signature

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Cathy A. Kodroff

January 18, 2006

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Fees pursual to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL			Application Numbe	r 10/	10/617,038				
FEE IKA	INS	WIIIAL	Filing Date	July	11, 2003				
For FY 2005			First Named Invent	tor And	Andersen et al				
Applicant claims amall antity status. Soc 37 CER 1.27			Examiner Name	Sw	Swartz, Rodney P.				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	164	1645				
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No	o. SS	SSI5AUSA				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-3040 Deposit Account Name: HOWSON AND HOWSON For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17									
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Application Type Utility Design	FILING I Fee (\$) 300 200	FEES SEAF Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$) 250 50	Fee (\$) 200 130	ATION FEES Small Entity Fee (\$) 100 65	Fees Paid (\$)			
	200	100 300	150	160	80				
	300 200	150 500 100 0	250 0	600 0	300				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)									
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SUBMITTED BY				
Signature	Cather ato	dest	Registration No. (Attorney/Agent) 33,980	Telephone 215-540-9200
Name (Print/Type)	Cathy A. Kodrof	W		Date January 18, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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